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DIAGNOSIS.

BY I. N. MONFORT, M. D., ITHACA, MICH.

IN complying with Dr. Webster's invitation to contribute something for the JOURNAL, I will append notes of a few cases which have come to my notice mostly within the past few days, not in themselves very peculiar or extraordinary, but such as every doctor may expect to meet. Should I be asked to state in which particular branch of medicine the young physician most frequently erred, I should unhesitatingly reply, "In diagnosis." Possibly this statement might also apply to doctors of experience. Someone may get a point of interest in the notes given.

On my return to Michigan, a gentleman whose daughter had been indisposed for some time, when informed of my arrival, remarked, "Now we shall find out what ails Gertie." I accepted the remark as a compliment, and was surprised to find that the daughter, who had been treated for heart disease, enlargement of the spleen, etc., had simply a digestive trouble, which, when corrected, relieved the distension which had been mistaken for

splenic affection, and the sympathetically disturbed heart ceased to be troubled.

No particular credit was due me in this case, as the symptoms were not at all obscure. There were the acid eructations after meals, the broad, moist, pasty, white-coated tongue, irregularly fissured up the center, and to some extent fissured transversely, and the difficulty in breathing, and palpitation of the heart, were periodical and related to meals, and particularly when indigestible food had been taken. The heart sounds indicated no disease of that organ other than a functional one; the fullness of the abdomen was principally in the epigastric region, and had tympanitic percussion notes; besides, the fullness frequently disappeared; and, again, splenic enlargement of that dimension would have taken a direction more toward the umbilicus, and been more circumscribed, and there was no history of malaria or condition present pointing to splenic disease.

Another patient complained of pain in the lumbar region and in the vicinity of the bladder of several months' duration, the pain being limited to the localities mentioned. He was frequently disturbed nights to urinate, which act was at times accompanied by pain; he seemed quite well otherwise. Exercise increased the pain, which was dull, steady; there was no tenderness on pressure; no history of an injury; no retraction of the testicles, and a normal rectum; examination of urine showed normal quantity and quality, except excess of uric acid. The diagnosis was rheumatism, and two weeks' treatment with macrotys and bryonia, with hot baths, brought complete relief. Shifting pains were not present in this case, and the diagnosis was made principally by excluding other diseases.

A few years ago I treated a patient for constitutional syphilis. During my absence a few months since he became affected with strabismus and called upon a physician, who diagnosed tumor of the brain as the cause, but failed to detect the true nature of the affection, which was syphilitic gummata, which he might have readily ascertained had he been diligent. The result was, the patient, suspecting the cause of the ocular disturbance, consulted another doctor, and the first physician lost a good-paying customer.

Recently a patient called on me who had an abscess situated over the body of the inferior maxillary bone, about an inch in front of the angle. Over the parotid gland was a cicatrix, not entirely healed, from which a drop of thin fluid escaped on pressing the parts, of alkaline reaction. The abscess was opened, and after the pus had escaped, a thin fluid oozed from the wound. Three months before a swelling had formed over the parotid gland and had been twice lanced by his physician. I presumed the case to have been a parotid abscess, and that there was now a fistulous track from the gland to the point which I opened. I filtered a few drops of the fluid and mixed it with a watery solution of starch, and kept the mixture at a temperature of about 100° for an hour, when a drop of tincture of iodine was added. As the characteristic blue color did not appear, it was presumed the starch had been entirely converted by the salivary fluid, and the diagnosis of parotid abscess was certain. The original abscess was too far back to have arisen from an affection of Steno's duct. A sinus had formed from the point of first opening over the gland, leading to and causing the abscess which I opened below. After lancing, I cauterized the edges of the wound so that it should not heal at once, and inserted a pedge of lint. The drainage relieved the congested tissues above, and ten days later the small opening over the gland had healed. Compression was then made over the lower portion of the gland, and the healing process is now complete and no fistula remains.

A boy twelve years of age was attacked suddenly with a chill and fever and severe fugitive pains of a neuralgic type, first felt in the great toe of left foot, then in the right leg, teeth, and in one ear. The fever was remittent and the thermometer at one time registered 103° . Pains increased with the high temperature and almost entirely subsided when the fever declined. I presumed the disturbance was of malarial origin and gave large doses of quinine with no benefit. The slight deafness which followed it was presumed might be due to the quinine; however, the continued pain in the ear and teeth led me to suspect an ear trouble. Pressure on the tragus by this time elicited some pain, and an examination of the ear disclosed a highly congested drum

of a decidedly pinkish color, quite different from the normal, pearly luster of that membrane. In another day the pain was confined to the ear and teeth, the external parts had grown more sensitive, with increased hardness of hearing. A solution of cocaine, aconite, and glycerine dropped in the ear, and hot fomentations externally, soon afforded relief. When the pain and inflammation subsided, as there remained some defect in hearing, the ear was gently inflated with a politzer bag every other day. Here, then, was an acute catarrhal inflammation of the ear instead of malarial fever. A wide difference, truly, in the two diseases, yet the error is frequently made, and the doctor is sometimes surprised on visiting his patient to find a discharge of pus escaping from the external meatus, the membrana tympani having been perforated from purulent inflammation of the middle ear.

A gentleman whose hearing had been imperfect for four years, was attacked suddenly with vertigo, tinnitus, and a feeling of faintness, which was followed by vomiting. He was assisted in reaching his home near by; his physician was summoned and made a diagnosis of brain disease. The patient was as well as usual in three or four days, but some time afterward had a similar attack. Subsequently, when he called on me for an opinion, I gained a good family by being able to convince him there was no brain disease, and that those disagreeable manifestations were but the result of a chronic catarrhal inflammation of the middle ear.

It will be seen that the general practitioner cannot afford to be ignorant of diseases commonly treated by the specialist or expert. My difficult study has been that of diagnosis. It may be termed a science, and I fear it is too much neglected in our medical colleges. It is convenient to give a name, as pneumonia, typhoid fever, etc., to a combination of morbid manifestations, but as a scientific study each symptom should be considered separately. This constitutes specific diagnosis, and it is the true method of study. Anatomy and physiology having been mastered, the student might profitably spend a year at college in the one branch, specific diagnosis.

**DESCRIPTION OF PROCEEDINGS OF THE
CLALAM SQUAWS OF PUGET SOUND, IN
SOME CASES OF DIFFICULTY IN
ACCOUCHMENT.**

BY G. P. BISSELL, M. D.

MANY years ago I lived for some time on Puget Sound, where dwell the Clalam tribe of Indians. And during that residence I learned some proceedings of the squaws with the expectant mother, in cases of difficulty, which seem to me worthy of being borne in mind by accouchers.

Before proceeding to speak on that subject, however, I wish to say that those Indians have the habit of flattening the heads of infants, and that I could never discern that the process had any deleterious effect on either the mental or physical health and vigor.

In case of faulty presentation, the squaws have a custom of inverting the expectant mother, elevating her by the feet, and manipulating the abdomen, which causes change in position of the foetus, with correct presentation. Of course, if one trial is not satisfactorily successful, it is repeated. I never had opportunity to practice it, so cannot speak of its merits from experience. But surely if, as stands to reason, version can be easier done by placing the woman on her hands and knees, this method seems to me to be worthy of trial.

As may be supposed, the knowledge which these Indians possess of *materia medica* is very limited, but in some instances they make up in ingenuity and exercise of common sense for the deficiency, as the following statement will show. The extent to which I observed it will incidentally appear.

A lady was brought to bed, but found difficulty, and there was not skill enough in the attendants to diagnose the trouble. After delivery it was seen to be a case of hydrocephalus. The woman being the mother of several children, felt no alarm, and would not consent that I should be called until collapse had oc-

curred, when squaws were called in, and an Indian was dispatched for me.

The country being new, and without roads, the messenger lost his way and did not reach me until daylight the next morning. Meanwhile, the condition of the woman was dangerous, and the squaws began jarring her, not shaking, but jarring and afterward chafing. She soon rallied, and delivery had been effected before my arrival. When I got there I found her doing well, and had the grace to acknowledge the skill of the squaws.

The lesson which I wish to teach is that there may be something learned from these customs. I have seen a woman who was mutilated by the attending physicians so that death ensued. Surely it would be better to invert a dozen times. Will some accouchers try it in case of mal-presentation, and report on its merit?

EFFECTS OF MERCURY AND SYPHILIS UPON THE NERVOUS SYSTEM.

BY R. A. HASBROUCK, M. D., SALT LAKE CITY.

WRITING about a year ago regarding the treatment of syphilis by the non-mercurial plan, it was stated in the article* that "to such an extent has the use of this agent (mercury) been taught, that we find men even who have been taught a method of treatment that excludes the mercurials from the list of remedies recommended in this disease, resorting to them in some cases.

"The treatment of some cases is by the use of the vegetable alteratives alone, or combined with some such agent as the iodide of potassium, but if the case should be one that is stubborn and resists the treatment, there is a resort to the specific. This failure with the vegetable alteratives is, as a rule, due to a lack of confidence as to the result of their use, or the physician is ignorant of their therapeutic action."

Since writing this it has been more fully demonstrated to me that "lack of confidence" and "ignorance," as to the results of our Eclectic treatment, is the cause of so many resorting to the

* *Chicago Medical Times*, May, 1889.

mercurials—it may be that some see the index finger pointing to such specific treatment. Not long ago it was my good-fortune to meet and converse with a graduate of Bennett College—a man of good standing in his profession and well known to Eclectics. Our conversation being general as to the practice of medicine, it turned to the treatment of the disease under consideration. My companion informed me of a treatment that he was then testing which was guaranteed to cure in two to three weeks, freely admitting at the time that in his estimation the active property of the remedy was mercury, in one of its compounds.

It may be that our friend has something that will cure, and he surely has the right to use it, but what must the sequence of this treatment be? Does the remedy do more than deceive? Granting that it is a mercurial, it can be said that all compounds of mercury have in the end a like action, yet the mere driving from sight of the disease manifestations is not a parchment warrant of a cure, though most sufferers would only be too pleased so to believe, or to be assured by the physician that the cure was for all time. No writers favoring the old treatment will deny the evil effects of the remedy *per se*, and accordingly give instructions as to how far the poison can be pushed without injury to the patient, claiming for themselves that they have never had any bad results from it.

Right here let the question be asked of the confident ones, *What of the patient in after years?*

Let us be honest one to the other, as it is truthful facts we must have upon which to base a decision; if we fail in having success from a given course of treatment, let the failures be recorded, that by them others may take heed.

By chance, while studying under my preceptor, Dr. C. L. Belden, Ravenna, Ohio, it was my good-fortune to read books and periodicals published by the older Eclectics—the fathers of the school. Among these books were a number of the *Monthly Journal*, published at Philadelphia, by W. H. Paine, M. D., who was connected with the Eclectic College of that city. These *Journals* were dated '58 I believe. In some of the *Journals* there was an article, or series of articles, upon the action of mercurial

compounds. The writer dwelt upon one point, to wit, that all compounds of this element become in the system the bi-chloride, and upon its action the weal or woe of the patient depended. For years the reading of this was forgotten, until referring to a French translation of a German work upon Therapeutics,* which claims the same reaction to take place in the alimentary canal and blood. On page 146, these authors tell us: "Now, the researches of Voit allow us to admit that all compounds of mercury introduced into the organism are finally transformed there into the bichloride of mercury; this transformation is done in the stomach and intestines, or in the blood under the influence of the sodium chloride of the albumen." This should be remembered by those of our own school who use the compounds. Truly, the reading has been full of interesting information, so we shall read further, taking up that part which treats of its "effects upon the nervous system." "According to Kussmaul, mercury is a cerebral poison; it is certain that the greater part of the nervous system falls under its influence, above all in those cases of poisoning due to small doses long continued."

"Among the phenomena observed, one of the most constant and the most remarkable is the state of timidity and perplexity in which those individuals are found, who are under the influence of mercury. This timidity is excessive and is not observed in a comparable degree in any other poisoning. . . . It is extremely frequent to observe, later on, tremblings in the limbs, also in the greater part of the muscles of the body. These tremblings may become very violent, at which stage the movements are veritable convulsions; the body is thrown from side to side without any will power being able to intervene. Ofttimes an extreme muscular weakness exists, which may turn into paresis.

. . . . We also observe troubles of the sensory nerves; dental, facial and cephalic neuralgia, sometimes very violent; tearing pains in the articulations; dull pains in the stomach." Time does not admit of a further quotation of this excellent

* Nouveau Éléments de Matière Medicale et de Thérapeutique exposé de l'action physiologique et Thérapeutique des médicaments Par H. Nothnagel et M. J. Rossback, 1880.

work, excellent insomuch as it is replete with information as to the physiological and therapeutical actions of remedies. Now, then, we may know what to expect in cases treated by this old and much-used remedy, remembering that the bichloride is very treacherous, so much so that we may look for its action, detrimental, where least expected.

Having gone this far I wish to present to the reader a case in practice: Mr. X comes complaining of severe neuralgic pains in the head; tearing pains in the articulations; waving and trembling motion of the muscles of the limbs. His chances in the business world are good, yet there is such a timidity as to business ventures that it is with the greatest of effort that assured undertakings are entered into. Examination of the gums show them to have been affected by mercury. Questioning the patient discloses the fact that he had received mercurial treatment for at least one year, and how much longer he knows not. Outside of these symptoms there is nothing to enumerate. Having read the work upon therapeutics mentioned above, these symptoms were compared to those given under the head of "The Effects of Mercury upon the Nervous System." But the patient informed me that a few years ago he had had the primary and secondary lesions of syphilis; these pains had been felt for about two years. Upon noticing them he had gone to the Hot Springs, Arkansas, there placing himself in the care of an eminent specialist, who informed him that mercury must not be the remedy used in his case, but iodide of potassium in simple solution, gradually increased to a large dose, would be the treatment. Drinking freely of the waters was advised, but bathing was forbidden.

Such is the history of the case at the time the gentleman came to me. Let the cause be what it may, it seemed to me that the treatment should be one that would be antisyphilitic and one that would relieve the system of the effects of mercurial poisoning, for the case presents symptoms characteristic of both. Mr. X was given large doses of potassium iodide combined with the compounds of sarsaparilla and stillingia. This would allay pains immediately, and when the remedies had been continued long enough they would be stopped for a time and a tonic containing

iron was given. By continuing this treatment relief may be expected; failing to get it, we may expect paresis.

Referring once more to the work quoted, page 152, and we read: "The greater part of these phenomenas should be considered as due to the direct action of mercury upon the brain, spinal cord, and the peripheral nerves. It is true, the only material alteration that has been noticed on these parts is a very dark coloration of the gray and white matter."

We are taught that tertiary syphilis affects the brain and spinal cord, producing all the symptoms mentioned as due to mercury. This being true, why then assist the work of a disease by a treatment known to be so dangerous? Would we have as many syphilitic patients complaining of nerve and cerebral diseases if they were never poisoned by mercury?

I should answer, No.

INCISED WOUND OF THE LEG.

BY H. VANDRE, M. D., AMADOR CITY, CAL.

A FEW days since I was called to attend Mr. M., timberman in the South Spring Hill Mine, Amador. Upon my arrival at his home I found Mr. M. lying on his bed with his left leg tightly bandaged above the knee, with a gaping wound extending clear across the middle posterior aspect of the leg. There being but very little hemorrhage, I proceeded to examine the wound carefully. I found that his hatchet had penetrated through the facia, severing also about two-thirds crosswise the gastrocnemius, leaving exposed plainly to view the soleus muscle beneath, and avoiding the deeper and more important structures.

After examining the wound I released the bandage, and made torsion on some of the minor arterial twigs, and checked further hemorrhage; removed all extraneous matter, cleansed wound with carbolized solution, and coaptated the several portions of the gastrocnemius with catgut ligatures, which were allowed to remain *in situ*, and finally stitched the edges of the wound with

silk sutures, powdered over all with iodoform; over this a little absorbent cotton and a few strips of adhesive plaster to hold it in place; fixed leg in a semi-flexed position, and ordered patient to remain quiet for a few days. On the fifth day I removed the sutures, the wound having healed by first intention.

SELECTIONS.

NOTES ON CALIFORNIA MEDICINAL PLANTS.

CALIFORNIA's seven hundred miles of length; by about two hundred of width, embraces the same nine degrees of latitude which on the Atlantic side of the continent include the extensive and populous country stretching from Charleston, S. C., to Plymouth, Mass., a region occupied by portions of ten or twelve States. Within these limits is an area of nearly one hundred and sixty thousand square miles—greater than the combined area of New England, New York and Pennsylvania, or that of Great Britain and Ireland, with several minor German States thrown in.

Although the State reaches to the latitude of Plymouth Bay on the north, the climate for its whole length is as mild as that of the regions near the tropics; half the months are rainless; snow and ice are almost strangers, except in the high altitudes; there are fully two hundred cloudless days in the year; roses bloom in the open air of the valleys through all seasons; the grape grows at an altitude of three thousand feet, with more than Mediterranean luxuriance; the orange, the fig, and the olive flourish as in their native climes; yet there is enough variety of climate and soil to include all the products of the northern temperate zone, with those of a semi-tropical character.

The early Spanish settlers of the Californias soon became acquainted with the virtues of various plants indigenous to the country, and which, springing up profusely on the plains and in the valleys, fringing the rivers and water courses, or thickly clothing the hills and mountain-sides, diversified the landscape and offered a pleasing spectacle to the eye.

These wild native plants, growing spontaneously, furnished a vast *materia medica*, only waiting to be gathered and appropriated for the alleviation and cure of the various ailments which afflict humanity even in this favored land.

The flora of California presents to those accustomed to the vegetation of other lands and climates, many original and strik-

ing features; the trees, shrubs, plants, flowers, and even the mosses, ferns, etc., while bearing a general resemblance to corresponding orders and genera elsewhere, are here marked by strong individual peculiarities, and in many instances the flora exhibits examples wholly original, as in the case of the Big Trees (*Sequoia gigantea*), which, with some other remarkable trees, occur nowhere out of the State.

The rapid growth of California vegetation is remarkable; the explorer is surprised to note, after a short absence, on revisiting a locality, that not only most kinds of flowering plants, during the time, say, of a few weeks, have ripened their seeds, but that many new plants have made their appearance. Luxuriance and rapidity of growth, similar to tropical regions, are noticeable in a marked degree, and the same rule seems to be illustrated in the growth of all, from the pine and redwood species to the cereals, the grasses, ferns, and the humblest weed of the gardens.

The flora of California, owing to its isolated position, is purely indigenous. Cut off from all parts of the world by the great ocean that borders it on the west, and separated by the lofty Sierras and a succession of arid deserts from the countries to the south and east, it has remained as when first shaped by the hand of Nature. Its condition is normal, and therefore, *sui generis*, a feature that, while it opens to the botanist a peculiarly inviting field, and commands the attention of the utilitarian and economist, presents also a great field of research to the chemist and pharmacist, whose province it is to extract and render applicable to the practice of medicine and the arts the constituents of plants, which can be produced only by skilled and patient experience and research.

Of late years it has been gratifying to note the increasing disposition to learn the botanical history, peculiarities of growth, locality and time and method of collection, as well as to discover the medicinal effects and application to pharmacy of many plants such vast numbers of which are indigenous to California.

It will perhaps be of interest to our readers to give here a short extract from the annual address of Mr. Geo. W. Sloan, president of the American Pharmaceutical Association, at the

twenty-eighth annual meeting of the association, held at Saratoga Springs, N. Y., in September, 1880.

"That portion of the valuable paper of Mr. James G. Steel, of San Francisco, Cal. (a report on Forest Trees, Indigenous Plants, Grasses, Minerals, etc., of California, contributed to the twenty-seventh annual meeting of the American Pharmaceutical Association, held at Indianapolis, Ind., September, 1879), in relation to the medical plants of California reported at our last meeting, furnishes a fruitful subject for the consideration of our association, showing as it does the versatility of the vegetable productions of that portion of our country.

"It also leads to the question whether or not we are losing, or at least diminishing in the production of, many of our native medicinal plants, and if, in fact, the destruction of our forests will not lose to us many of the medicinal herbs and shrubs, which we have grown accustomed to regard as inexhaustible, simply because they are indigenous!

"A gentleman of large experience in the handling of this class of drugs writes as follows:—

"'The clearing of forests and the introduction of animals have a tendency to displace most of the plants indigenous to our forests and open prairies. The advance of civilization and emigration crowds out the native plants and introduces in their stead plants of different habits. In our opinion, it is only a question of time for many of these to become nearly if not entirely extinct.'

"While, however, we think we stand in no fear of an impending famine of native drugs, we may still draw a lesson from the ruthless destruction of the cinchona forests of South America. In a like manner, the destruction of the wild cherry and black walnut in our own land is being as thorough and vastly more rapid, and still there does not appear to be any organized effort to replace them. They are both trees of moderately rapid growth, and a trifling expense would plant them by acres!

"The great law of supply and demand always will, as it always has, gradually settle the question as to source and cost of any medicinal drug in spite of latitude, altitude, barriers, isolation, soil and climate, devastation of forests, and partial destruction or total extinction of native flora!"

One of the most familiar and also dreaded of our natural or wild plants is the well-known poison oak, or poison ivy, which occurs in the woods and thickets of California, as well as on the dry hill-sides, in fact, in almost every variety of location.

This plant is known to botanists as *Rhus diversiloba*, or *Rhus toxicodendron*, and is similar to the poison ivy in the Atlantic States, both in appearance and poisonous qualities. It has a somewhat climbing stem, with short, leafy branches, and is easily recognized from the fact of the discoloration of many of its leaflets, caused by the oxidation of the green coloring matter of the plant, presenting a scorched and blasted appearance.

As is well-known, poison oak is the cause of a vast deal of misery and suffering in California. There is scarcely ever a time in any little town or neighborhood when there are not one or more persons suffering from it, and it has been estimated that there are in this State nearly three thousand persons constantly afflicted with the cutaneous disease caused by this dreaded scourge. Not only tourists and occasional visitors to the rural districts from our cities, but even farmers and laborers are liable to this poisoning, and besides the suffering and annoyance caused by it, the loss of valuable time is no small item to be taken into account. It would seem that whoever makes known a prompt and sure antidote to this poison, should be considered a public benefactor.

Nature, however, has supplied a remedy for this pest. We find growing throughout the State a tall, stout perennial plant, belonging to the composite family, and called the *Grindelia robusta*. It is from one to three feet high, and has bright yellow flowers, in heads one or two inches in diameter flowering from June to October. Before flowering, the unexpanded heads, or buds, secrete a quantity of resinous matter, or, rather, a viscid juice, white and sticky, that is, finally, after the flower expands, distributed like varnish over the petals of the flower.

The whole plant at this season, flower and leaves, is resinous and viscid. May and June are the months in which the grindelia should be gathered, as at that time the plant abounds most in the balsamic resinous juice in which its medicinal properties reside, and causes its marvelous effects in the cure of the eruption

caused by the poison oak, for the relief and suppression of the distressing spasms of asthma, bronchitis and other diseases of the throat and lungs, the experience of the American conquerors of the country agreeing with that of their predecessors, the native Californians.

The grindelia is also used to considerable extent throughout the Eastern States as a specific for asthma, hay fever, etc. Physicians are continually writing for the various medical journals, articles in which they celebrate their success with this new-found California remedy.

Cascara Sagrada.—Several varieties of the *Rhamnus* family (buckthorns) are indigenous to the Pacific Coast, the most important of which is the *Rhamnus Purshiana*, better known as the cascara sagrada. It occurs throughout Northern California as a tall and stately tree, abounding on or near the banks of rivers and frequently damp places.

This valuable medicine is the bark of the tree, gathered preferably in the spring and early summer, when the free circulation of the sap permits the bark to be easily peeled from the trunk and limbs. So large is the quantity that has been taken from the trees (the wasteful manner of gathering the bark resulting invariably in the destruction of the tree), and to such an extent has the trade of the "picker" advanced, that vast tracts of land are already cleared of this useful and beautiful tree; and Mr. Sloan's remarks about the anticipated early denudation of our forests would seem to be particularly applicable in this connection.

Cascara sagrada is claimed by physicians to be one of the most valuable of the new therapeutic agents yielded by the fertile soil of the Golden State. It acts upon the sympathetic nervous system, especially upon the solar plexus, stimulating the nutritive and assimilative forces. It acts upon the secretory system in a marked manner. It also acts upon the hepatic secretions and circulation peculiarly, producing no impression upon the system by way of nausea, or otherwise degrading particular or general functions.

Given in the concentrated liquid form (fluid extract), in mod-

erate doses, cascara sagrada acts beneficially as a mild but certain aperient, and in larger doses as a safe and sure carthartic. It is tonic as well as laxative, and used with great success in dyspepsia, torpid liver, habitual constipation, piles, etc.

The eucalyptus tree, although of comparatively recent importation from its native wilds (Australia), has become fully domesticated in California, and thrives here exuberantly. The *eucalyptus globulus*, or Australian blue gum, is the variety mostly grown in California, and from which the leaves are procured for medical use. The fresh leaves are used in the form of fomentations, and applied externally in severe cases of rheumatism, neuralgia, gout, etc. The eucalyptus leaves have also been found useful in obstinate cases of intermittent and marsh fevers, often supplanting the use of quinine. The fluid extract, made from the fresh leaves, furnishes a stable and convenient method of employing the remedy, and seems to possess all the virtues of the recently gathered leaves.

The yerba santa (*Eriodictyon glutinosum*), a drug comparatively new to the Eastern States, has been long known to the country residents of California, by whom, in different parts of the State, it is known under the names of "gum weed," "mountain balm" or "balsam," "wild peach," "bears' weed," etc. It inhabits the Pacific Coast, and is quite prevalent in California, being found mainly in the mountainous regions.

It is an evergreen shrub, growing freely, and generally from three to six feet in height. The upper surface of the leaf is smooth and of a rich, deep-green color, and varnished thickly with a resinous principle, which gives a silvery-white appearance to the under side of the leaf. Yerba santa is exceedingly useful in various laryngeal and bronchial affections, is a fine expectorant, being a much valued ingredient in cough mixtures, etc., and is considered by many as a specific in rheumatism.

In the valleys of the Coast Range of mountains of California is found a sweet-scented shrub, known by the Spanish name of yerba buena (*Micromeria Douglassii*), in allusion to its beneficent curative properties. This is a vine, creeping mostly upon the surface of the ground, or nestling in the underbrush of our

redwood forests, and in its leaves, etc., bears a resemblance to the wild strawberry. Yerba buena has been long known to the natives of California as possessing remedial virtues, and was in frequent use anterior to the occupation of the country by the Americans. When freshly gathered, in the proper season, it charms by its grateful perfume—aromatic and sweet—becoming when dry a strong scent, analogous to the mixture of the two odors of peppermint and camphor, resembling the familiar pennyroyal of the Eastern States. Yerba buena is a grateful aromatic, stimulant and tonic, and of considerable repute as an anthelmintic and carminative, as well as antifebrile.

The manzanita (*Arctostaphylos glauca*), by its bright green foliage and claret-colored stem, early receives the notice of the stranger, and is familiar to most residents of the State. Experience has proved it to be a most valuable medicine, rivaling and excelling, in its therapeutic effects, many well-known and more costly foreign drugs. The stems of the manzanita are of a hard texture and of a dense claret color, radiating from a common center close to the surface of the ground. The foliage is of a bright shade of green, and thickly clustering upon the branches. The average height of the plant is from seven to ten feet, and the peculiar spreading out of the branches makes the breadth nearly equal to the height.

Manzanita leaves, which are the part containing the medical virtues of the plant, are astringent and tonic, with a specific direction to the urinary organs. They would, doubtless, prove useful as an anti-lithic, and cases have been reported of their having been extremely serviceable in gravel, acting as they do partly by direct action of the kidneys and partly by giving tone to the digestive organs. Various other diseases of the kidneys and urinary organs are controlled and alleviated by the judicious use of the manzanita, sometimes alone and again in conjunction with other remedies.

The Oregon grape is one of four species of the berberis family common to the Pacific Coast, and occurring eastward as far as Colorado and Montana. The *Berberis aquifolium*, a true Oregon grape, finds its habitat in the central and northern parts of Cali-

fornia, extending northward into Oregon, frequenting the mountainous region bordering upon the ocean. It is a shrub growing from six to ten feet in height, with long, branching leaves, containing usually seven pairs of leaflets on a stem. The leaflets are of an ovate or oblong lanceolate shape, of a bright green, shining on the upper surface, and the edges "scalloped" and armed with numerous sharp spinose teeth. The fruit is shaped nearly round, of a deep blue color, and of an agreeable acidity to the taste. The root is the part of the plant used in medicine, and is of acknowledged repute in the treatment of various febrile disorders, and the laxity of the system arising from undue exposure, overexertion, and excess, and is known to be a powerful tonic and alterative in cases of syphilis and other secret diseases. There are many other native plants of undoubted medicinal efficacy, but our space forbids us to mention them, and we reserve the consideration of their medical and physical properties to some future communication.—*James G. Steele, in Pacific Record of Medicine and Surgery.*

UTERINE CALCULUS.

A LADY, 65 years old at present, having had several children, and presenting no pathologic antecedents besides an ulceration of the cervix, which had been cured long ago, consulted Dr. Enrique Suner for a very intense vulvar pruritus. The urine was devoid of glucose and only contained abundant mucosities. Micturition was frequent, difficult, and somewhat painful. A very pronounced vaginitis prevented introduction of the finger as far as the cervix of the matrice. Subsequently, a sero-purulent, fetid flux was formed, carrying the ulcerations down on the exterior genital parts. Rectal tactio in conjunction with abdominal palpation, demonstrated that the uterus, retroverted to a certain degree, was hypertrophical, very hard and of uneven surface. Suner found as probable diagnosis *malign uterine neoplasia*, yet with certain reserves founded on the absence of hemorrhagies, of lancinant pains and of cachectic condition. After

long hesitations, the patient consented to a complete exploration, performed by her regular physician with the assistance of Dr. Garcia Cuello, not without some difficulties caused by vaginitis. These gentlemen found the cervix dilated to the size of a one-franc piece and the uterine cavity *entangled* with calculous concretions. The latter were extracted in three laborious operations, by means of the Simon-edged scraper. The fragments of the tumor, united by a very resistant fibrous tissue, varied from the size of a lentil to the size of a nut. Their combined weight was 200 grams. The agglomerated calculous masses, by their aspect, reminded of concretions, called *puddings* by geologists. Their color was yellowish white, the tissue uniting them was pink white or pale pink. Chemical and microscopical examination showed the stony parts to consist essentially of carbonate of lime, and to be connected by fibers of embryonic conjunctive tissue. Thus, definite diagnosis was, *cretified uterine fibroma*. Patient was cured completely.

In conclusion, the author mentions a certain number of analogous cases, gathered by him in ancient and modern publications. In 1753, Louis submitted eighteen observations of uterine calculus to the Royal Academy of Surgery. Other cases were published by Velpeau, Amussac and several English and Spanish practitioners.—*Pacific Record of Medicine and Surgery*.

THE CURATIVE TREATMENT OF CYSTITIS IN WOMEN.

IN a paper published in the *British Medical Journal* March 2, 1889, Dr. Thomas More Madden calls attention to the fact that cystitis in women is more frequently met with than is generally believed, and is most intractable to the methods generally relied on for its relief; and since he states that in the past year twenty-eight cases of this affection have come under his care, and that in nearly every one of these cases the patient was discharged free from disease, which in some of them had resisted years of other treatment, this fact renders his remarks worthy of notice. As

regards the cause of cystitis in the female, he found that it frequently occurs as a complication or consequence of vulvar or vaginal inflammatory conditions, especially when they are of gonorrhreal origin; or it may be due to mechanical causes, uterine flexions or displacements, and fibromata. Occasionally it results from the extension of the renal disease or from the irritation of gravel or calculi, as well as from cold, local injuries, reflex irritation, or simply from long delay in emptying the bladder. In the treatment of these cases it is obvious that the first care should be to ascertain and remove, if possible, the exciting cause of the morbid condition of the bladder. Thus, if the disease be dependent on extension of vulvar or vaginal inflammation, either gonorrhreal or non-specific, this must be at once allayed by appropriate treatment. If the cystitis be due to the mechanical pressure of a displaced uterus, this should be rectified by a suitable pessary. In the same way the weight of a uterine fibroid pressing on the bladder, if it cannot be otherwise got rid of, must be at least lifted well above the pelvic brim, and there maintained. If vesical calculus be present, or if, as should be ascertained by careful examination of the urine, renal disease exists, and has extended from the kidneys along the ureters, it will be useless to attempt the topical treatment of the consequent cystitis until in either instance its cause has been removed.

Should, however, the case be one of uncomplicated cystitis, some of the numerous palliative expedients are unquestionably of value, and may even prove curative in exceptionally mild cases of the disease. Of these the most generally useful in this way are long-continued warm baths, washing out the bladder through a double catheter with plain warm water, thin flaxseed tea, or a solution of boro-glyceride; conjointly in all instances with absolute rest in bed, the free use of diluents, together with the administration of the old-fashioned Dover's powder, in small, frequently repeated doses, as the best opiate in these cases; and, lastly, above all, by the use of boracic acid in 10 or 13-grain doses three or four times a day, by which the generally fetid ammoniacal urine is deprived of its fætor and rendered less irritating to the endovesical mucous membrane.

While these measures may relieve, they will not cure well-established cystitis. This can only be attained by giving the diseased lining membrane of the bladder and its submucous muscular walls absolute physiological rest. This may be secured in either of two ways, namely, first, by that advocated by Dr. Emmet on the suggestion of the late Dr. Marion Sims, which consists in the formation of an artificial vesico-vaginal fistula through which the urine may drain away as fast as secreted, and by the consequent removal of the immediate source of irritation to the unhealthy and hyperesthetic endo-vesical mucous membrane, thus affording the patient a fair chance of escape from ultimate extension of the disease to the kidneys. The objections to this plan of treatment are, however, so grave as to render any rational alternative that may be suggested for attaining the same object by less heroic means deserving of fair consideration and full trial. These objections are: First, the general difficulty of keeping the fistulous opening patulous for a sufficient time to allow the diseased bladder to regain its normal condition; second, the irritation often occasioned by the button commonly employed for this purpose; and, thirdly, the more serious trouble, which we meet with in some exceptional instances, of closing the fistulous opening when the desired object has been attained, and the consequent misery resulting from this mischance, by which the patient's last condition may thus possibly be rendered worse than her former state.

For these reasons Dr. Madden has abandoned this operation, and believes that we may obtain its advantages more easily and more safely simply by so thoroughly dilating the urethral canal as to enable one to pass the index finger into the bladder, and paralyzing the contractility of the sphincter for a time. In some instances it may be advisable to remove the proliferating vesical mucous membrane by the cautious employment of a dull wire curette, while the topical application of carbolic acid to the mucous surface should be combined with dilation. The carbolic acid should be employed in the form of glycerin of carbolic acid, which is quite strong enough for the purpose, introduced by an ordinary stilette, armed with a piece of absorbent cotton saturated

in the application, and passed through a dilator so as to avoid any of the acid being brushed off in the canal until it reaches the fundus vesicæ, where it should be retained for a couple of minutes, until every part of the vesical wall contracts. The urethral canal is then to be similarly brushed out by another application of the carbolized glycerin. The pain caused by the procedure may be prevented by previously introducing in the same way a ten per cent solution of cocaine. Dr. Madden states that this plan of treatment seldom requires to be repeated more than two or three times, at intervals of a week, to cure the most aggravated cases of cystitis in women.

A QUESTION OF LAW.

AMONG the homeopaths there has been a difference of opinion and practice respecting the proper answer to the above question. Most practice regular medicine and surgery under the garb of homeopathy. Possibly a few practice homeopathy according to their published tenets, but their number is small. The New York *Medical Times* believes that homeopaths should drop their distinctive title and call themselves simply physicians. Then it says they could honestly practice anything they thought best for their patients. A short time since it addressed an inquiry to Hon. Geo. C. Barrett, Judge of the Supreme Court of New York, worded thus: "Has a physician designating himself an 'homeopathist,' and called as such to a patient, any legal or moral right to adopt any other than homeopathic means in the treatment of the case?" The Judge says there can be but one answer to this question, and that is in the *negative*. "If," he says, "I call in a medical man who designates himself as a 'homeopathic physician,' it is because I do not wish to be treated otherwise than homeopathically. There is an implied understanding between myself and the homeopathist that I shall receive the treatment, which by tradition and a general consensus of opinion, means small doses of a single drug administered upon the principle of *similia similibus curantur*. If there is to be any variation from that method, I have a right to be informed of it, and to be given

an opportunity to decide. Common honesty demands that before a confiding patient is drugged with quinine, iron and other medicaments, either single or in combination, he should be told that the 'homeopathist' has failed, and that relief can only be afforded by a change of system. An honest 'homeopathist,' who has not succeeded, after doing his best with appropriate remedies administered on homeopathic principles, should undoubtedly try anything else which he believes may relieve or save his patient. But when he reaches that point the duty becomes imperative of taking his patient into his confidence. The patient may accept the services of the homeopathist, or he may prefer another physician.

"All this is the logical sequence of a man calling himself 'homeopathist.' If I call in a man who is known simply as a physician, then I expect him to employ any or all means he may deem necessary for my relief. With such an expectation, I called for his aid. Hence, if we are to have a class of men who propose in the interest of humanity to utilize the best that they can find in any or every school, 'pathist,' as a designation of fixed methods of practice, must be ignored, and the broad and noble title 'physician,' in its unreserved sense, be revived and substituted. When a patient sends for a physician of this class, he will understand that he is to have the physician's best judgment in the unprejudiced use of the ripest fruits of modern discovery in every field."—*American Lancet.*

DIABETES AND TUMORS.

DR. TUFFIER has recently published a monograph on this somewhat important subject in the *Archives Generales de Medicine*. The coincidence of diabetes and neoplasms, only noted hitherto in a few scattered publications, and entirely overlooked in standard text-books, does not appear rare. This coincidence is not surprising to the author. He accepts M. Verneuil's bold theory that both tumors and diabetes are related to the arthritic diathesis. Already almost every form of tumor has been observed in diabetic patients. Almost every form of diabetes has

been found to attack persons already the subjects of tumor. As a rule, the constitutional disease comes first; the patient is diabetic already before the tumor makes its appearance. Malignant tumors, as a rule, advance without causing much pain, and somewhat slowly in these cases, but they proceed more rapidly than the diabetic symptoms. They are apt to be taken for innocent growths. The complication in question is very serious in respect to operative interference, as we all know. No surgeon should think of removing small, innocent tumors which are causing no trouble. Dr. Tuffier describes two instructive cases. In the first, death occurred forty hours after the removal of a small parotid tumor. The fact that the patient was diabetic had been overlooked. This was also the case in the second example of the dangers of operation under the circumstances. "A little hypertrophic tumor of the skin of the cheek" was removed at the patient's request. Phlegmonous erysipelas, followed by sloughing, set in and killed the patient within five days. Urgent operations must, Dr. Tuffier asserts, be undertaken with great caution. The safer are preferable to the most thorough, in his opinion. When an operation appears absolutely necessary, but not urgent, it is important to spend some time in reducing the diabetic symptoms by medical treatment. Should, however, all the sugar and polyuria disappear, the surgeon must still never overlook the nature of the patient's diathesis. Under the most favorable circumstances, in any case of that kind, deep operations and prolonged dissections, free division of vessels, and the formation of large flaps, are to be avoided. The slow progress of tumors, and the little pain which they produce, are important facts, according to Dr. Tuffier. He has found that malignant tumors lie almost latent in diabetic subjects for a long period. Removal of a similar growth from a healthy subject would hardly insure him against so long an interval of time before recurrence. When an operation is thought advisable, the thermo-cautery is preferable to the knife. No attempt to insure union by first intention should be made if it involves the slightest traction on skin flaps. The wound must be laid open, but dressed with extreme antiseptic precautions.—*British Medical Journal, Feb. 16 1889.*

CALCIUM CHLORIDE IN GLANDULAR AFFECTIONS OF THE NECK.

IN the progressiveness of medicine many of our old and important remedial agents are, without adequate reason, pushed aside, and become superseded by something else which has been more recently placed in the therapeutic market. Such has undoubtedly been the history of calcium chloride—an agent held in the highest esteem by the earlier practitioners of medicines. It is hardly recognized by therapeutic authors of the present day. It is not mentioned by Wood (H. C.), Ringer, Bartholow Stille, Binz, Kohley, Schmiedeberg, and Nothnagel and Rossbach. Dr. George B. Wood ("Therapeutics and Pharmacology," vol. 2, p. 369) says that before the discovery of iodine, calcium chloride was among the most popular remedies for scrofula, and that the united testimony of many practitioners shows that it possesses useful powers in these affections. It was likewise a favorite remedy with the late Dr. Warburton Begbie; and Dr. S. Coghill, of the Royal National Hospital for Consumption at Ventnor, in a communication to the *Practitioner* (vol. 19, p. 247), states that he has "again and again seen chronically indurated and enlarged glands, which absolutely amounted to deformity, and which had resisted all previous treatment, yield, even in adults, to the administration of this salt. In children and young persons, when the sleep becomes restless, the breath fetid, the tongue foul and coated, the tonsils enlarged, I know of no remedy approaching it in value. The colliquative diarrhea which so often accompanies this condition, and above all that obstinate lientery which is seen with hypertrophy of the mesenteric glands, yields to the solution of the chloride of calcium like a charm."

I have used this agent for a number of years, both in private and public practice, and can fully indorse the strong views expressed by Dr. Coghill, especially in so far as scrofulous affections of the neck are concerned. Very often one meets with pale, rickety children, who have swollen cervical glands, poor appetite, coated tongue, constipation, and in whom there is a general indi-

cation of mal-assimilation. Such patients usually receive the routine treatment of cod-liver oil externally. This succeeds sometimes, but oftener fails. Here the chloride of calcium acts admirably. It reduces the enlargement, promotes nutrition, and is generally more efficacious than anything I have ever prescribed. Its resolvent power is equally marked in the glandular swellings of adults, although here it requires a longer time, and its action is facilitated by the simultaneous application of iodine.

This agent must not be mistaken for the chloride of lime—the ordinary disinfecting powder—the composition of which is entirely different. By prescribing the granular calcium chloride, this possible error will be avoided. The dose is from two to four grains for children, and from ten to twenty grains for adults. It can be given in milk or water, but the best vehicle for it is the syrup of sarsaparilla.—*Thomas J. Mays, M. D., in Archives of Pediatrics.*

PHTHISIS PULMONALIS; ITS TREATMENT WITH HYDROFLUORIC ACID.

MORE deaths result from consumption than from any other disease treated by the physician. It is, moreover, an affection from which we expect unfavorable results, and this notwithstanding the fact that under homeopathic treatment many cases of phthisis are cured, that under allopathic treatment would soon have found a resting-place beneath the sod. The advent of any new remedy that will increase our control over this dread disease cannot but be hailed with delight.

Not long since, when reading an account of the use of hydrofluoric acid in the etching of glass in the factories of Paris, I was impressed by what seemed to be the beneficial effects it exerted on the lungs of those exposed to it. I therefore determined to give it a trial in the treatment of phthisis, knowing that it could do no harm. It is the object of this paper to report a case in which hydrofluoric acid was used in conjunction with the administration of homeopathic remedies.

A man, aged forty-four years, cut himself severely in the

wrist with a piece of glass, the wound severing the radial artery. This was about April 10 last. In the course of two months' time the wound had healed. The man then began to lose his flesh and appetite. In the early part of June he contracted a heavy cold, which continued to grow worse instead of better. He first consulted me in the latter part of July. I found the early physical signs of phthisis present. The patient was very weak; his appetite was poor; his cough was incessant, day and night, even driving away sleep. Night sweats were present. I at first gave him what, according to my mind, were the proper remedies, with only temporary effect. In the latter part of August I began inhalations of hydrofluoric acid of five minutes' duration, repeated from four to six times daily (continuing, however, my internal medication). He now reports himself as better in every respect. He has no night sweats. He sleeps and eats well. He has gained twelve pounds in weight. The patient gives a family history of phthisis.

I refer to this case here in hopes that some, if not all, present will give the drug a trial. The patient is not well, and possibly may never recover. To my mind, hydrofluoric acid is an agent that may give great help in the curing of our cases of phthisis.—*Clarence G. Abbott, M. D., in Hahnemannian Monthly.*

A TONIC FORMULA.

IN the New York *Medical Journal* for July 31, 1886, Professor Allard Memminger, of Charleston, S. C., published a short article on "Bright's Disease of the Kidneys Successfully Treated with Chloride of Sodium." The salt is given in doses of ten grains three times daily, the doses being increased by ten grains each day until they amount to fifty grains each. It is then diminished to sixty grains in the day and continued. I employed this treatment in a few cases, but did not meet with the full measure of success noted in four cases reported by Professor Memminger, although in some instances there was considerable improvement. The suggestion by Professor Memminger, however, and his theory

of the mode of action of the sodium chloride, pointed to a possible deficiency in certain cases of disease in the saline constituents of the blood. Under this idea I prepared a formula in which most of the important inorganic salts of the blood are represented, with an excess of sodium chloride, and a small quantity of reduced iron, the various salts, except the sodium chloride, being in about the relative proportion in which they exist in the normal circulating fluid. I first used this preparation in the form of powder, giving ten grains three times daily after eating. It was afterwards put up in gelatin capsules, each containing five grains, but these absorbed moisture so that they would not keep well in warm and damp weather. With the assistance of Fraser & Co., 208 Fifth Avenue, New York, I finally modified the formula so as to avoid this difficulty. The preparation is now in the form of compressed tablets made by Fraser & Co. tablets made by Casswell, Massey & Co., 1121 Broadway, and sugar-coated tablets made by Wanier & Imgard, 1322 Broadway—all under the name of saline and chalybeate tonic. I usually prescribe two tablets three times daily after eating. Of these preparations I prefer the sugar-coated tablets, the other occasionally producing slight nausea. In a few cases six tablets daily have produced some "fullness" of the head, when I have reduced the dose to one tablet three times daily.

The following is the formula that I finally adopted, the product of which may be put up in capsules:—

SALINE AND CHALYBEATE TONIC.

R Sodii chloridi (C. P.), 3 iij.
 Potassii chloridi (C. P.), gr. ix.
 Potassii sulph. (C. P.), gr. vj.
 Potassi carb. (Squibb), gr. iii.
 Sodii carb. (C. P.), gr. xxxvj.
 Magnes. carb., gr. iij.
 Calc. phos. præcip., 3 ss.
 Calc. carb., gr. iij.
 Ferri redacti (merck), gr. xxvij.
 Ferri carb., gr. iij.

M. Sig.—In capsules, No. 60. Twocap sules three times daily after eating.

I first used this tonic in a case of simple anemia in Bellevue Hospital in July, 1887. In this case the anemia was profound, and the pallor excessive. It had existed for several weeks, there was loss of appetite, and the patient, a female about thirty years of age, was very weak and unable to leave the bed. A powder of ten grains was given three times daily, and this, with good diet, constituted the only treatment. In forty-eight hours the patient was sitting up, with a fair appetite and improved appearance, notably in color. At my next visit, two days later, she had left the hospital and was greatly improved.

Since the summer of 1887 I have given the tonic in nearly every case in private practice in which a chalybeate was indicated. In many cases I have not been able to watch the effects of the remedy, and in many I kept no record. In thirty-five cases which I have noted as cases of anemia, with loss of appetite, etc., I have more or less complete records. In twenty-two cases I noted very great improvement, in twelve cases improvement not so well marked, and in one case no improvement.

I have also records of five cases of chronic Bright's disease of the kidneys in adults in which the tonic was the only medicinal remedy employed.—*Austin Flint, M. D. LL.D., in N. Y. Medical Journal.*

ASPERGILLUS OF THE ANUS.

THE following case is so remarkable and rare that I believe it to be well worthy of record, particularly as I can find no similar case recorded in any of the works to which I have had access, nor have I as yet met with anyone who had seen a similar instance:—

“George H., aet. 4 years, was brought to my office on the morning of April 11, 1889, having been ill, according to the mother's statement, since the preceding Sunday (four days) with a bad cough and high fever, with some delirium at night. Physical examination showed consolidation of a considerable portion of the lower lobe of the left lung, with blowing breathing, and almost no *rales*. The cough was very severe and exhausting, and

the fever was high. The nostrils were dilated and some difficulty in respiration was manifest. The child itself was well developed, and notwithstanding the pneumonia, was in a remarkably good condition as to his general physical state. As there was some evidence of straining of the right side of the heart, I ordered digitalis and brandy in small doses, and quinine in suppository by the rectum.

"Previous to this attack he had been perfectly healthy except for intestinal troubles in babyhood, for which I treated him. One year ago the father died of phthisis, and shortly afterward a younger sister died at eight months, of peritoneal tuberculosis. Two other children of 7 and $5\frac{1}{2}$ years are living, although the oldest has had a single attack of hæmoptysis about two weeks since. The mother is perfectly well and strong.

"While examining the child's chest the following day, the mother informed me that the anus was so sore that defecation seemed impossible, and that this complication had come on chiefly since his last visit, having existed only to a moderate degree beforehand. On examining the anal opening, I found no raw surface exposed to the eye, but extending from the center of the closed sphincter for half an inch on each side was a peculiar downy growth, rather dark in color, and closely resembling the ordinary mold seen on vegetable material which is stale and about to undergo decomposition. Removal of this even in very small amounts caused a great deal of pain and left a small bleeding spot behind it.

"On the following day I called at the house where the child lived in order to discover the circumstances of the patient, and to examine the growth more closely. Unfortunately, the mother had with much care removed the growth, and it was at this time replaced by an eczematous patch, looking very much as if a scab had been torn off an ordinary sore on the skin. As the mother stated that she had removed it before, and that the growth recurred every few hours, orders were left for the child to be brought to my office in the morning in order that I might obtain a culture of the growth on a sterilized potato. When brought to me, however, the mother had anointed the part with 'cold cream,' and the sur-

face was largely covered with unhealthy-looking pus; only at one edge was there any sign of the growth formerly seen."

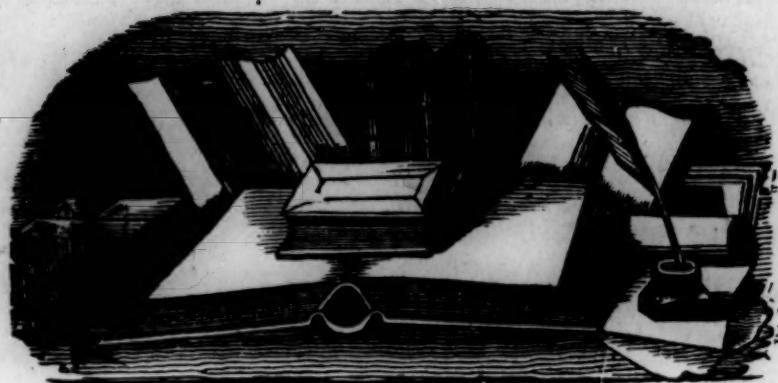
Careful examination of this growth showed it to be that of *aspergillus fumigans*, the mycelium ending in the thick, flask-shaped enlargement, which was covered by the cells or *basidia*. Even the chains of spores were well marked.

On two pieces of sterilized potato I got growths. On the first the growth was not *aspergillus*, but on the second it was identical with that taken directly from the child, the peculiar corrugations of the growth after limitation by the edges of the potato being very marked aside from the microscopical appearance. A micro-photograph could not be obtained, owing to spoiling of the specimen by careless hands.

The anal opening of the child is still slightly raw, but it is much improved under the use of a wash made up of a weak carbolic acid solution.

The cause of this curious case is not apparent. One would imagine that the quinine suppositories would have been germicidal to any growth, and they can hardly be thought to be the cause of the presence of the fungus. Up to the time of the onset of pneumonia the child had been a picture of health.

The sanitary surroundings were exceedingly bad. Directly behind the house was a large pool of stagnant water giving off a wretched odor, and into which much of the drainage flowed. The condition of this child and the other children, personally, was, however, all that could be asked of persons living in such poor circumstances.—*H. A. Hare, M. D., in University Medical Magazine.*



EDITORIAL.

Antipyrin.—Is there any virtue in this drug? We have been observing its action in a number of cases for the past few months, and can answer in the affirmative most decidedly. Moreover, we have failed to observe the depressing effects that have been ascribed to it by some.

Certainly it must require a most reckless use of the drug to result in serious effects, for we have administered ten-grain doses frequently in sick-headache, and repeated it in half an hour numerous times, without the least evidence of bad result. Ten grains will accomplish all that fifteen grains will, we believe, for we cannot expect a narcotic effect from this agent, and must not attempt to drown pain with it.

We will enumerate some of the uses we have put it to with good satisfaction:—

1. *Sick-headache* finds its most reliable specific in this remedy. Dissolve ten grains in a swallow of water for a dose, and instruct the patient to lie quiet in order that the stomach may retain it. If rejected or but partially effective repeat the dose in from thirty to sixty minutes.

2. *Muscular Rheumatism*, when sharp in its onset, can be abated by this remedy in twenty-four hours, frequently. Administer five grains every four hours. This will constitute all the treatment necessary unless there be marked periodicity, when appropriate remedies for the complication must be added.

3. *Dysmenorrhea*.—We have resorted to this remedy in cases of previously intractable dysmenorrhea, with the most flattering success. The remedy may wear out, but it has done

well on two occasions, affording more relief than opium, which had finally been resorted to by the patient after pulsatilla and macrotys, caudophyllin, viburnum and other remedies had failed. The antipyrin, the patient states, leaves no unpleasant after-effect—the great objection she had to the narcotic.

4. *After Pains.*—This is another place where antipyrin has served a good purpose for us but recently. The patient suffered severely until the first dose was taken—when the pain subsided and remained relieved after the taking of the second dose.

Citric Acid.—We desire to sing the praises of citric acid.

This remedy supplies a place that no other one can in the relief of unpleasant affections of the cutaneous nerves when no surface lesion indicates the condition present.

Burning sensations especially in the feet upon the soles and about the small joints are most gratefully influenced by a lotion of this agent in water, say a drachm and a half to a pint.

Many a gouty individual who passes restless nights, with burning, stinging sensations in his feet, and laments his unlucky stars thereat, could afford to fee us well for this piece of knowledge, but we have waited too long for him to come, and will "give it away."

We have decided to do this, and several more good things, in order to put the stamp on them, for fear that sometime not long hence some enterprising druggist who may read our prescriptions and quiz our patients shall make a new discovery.

For cosmetic effect citric acid also figures well among the best agents. A solution of this remedy bleaches a recent red nose in a single night, and if persistently applied exerts a good effect even in chronic local redness, whether about the face or other part.

In erysipelas it also acts well, excelling all other applications we have ever used to relieve the *burning* pain often present. It may be applied by saturating compresses with the solution.

Webster's Compound Sulphur Ointment.—An old story briefly told may serve as a text for a notice to this unguent. Stories sometimes, though ridiculous, may fasten an idea better than the best selected rhetoric, in measured terms.

A newly-made Benedict was prone to say, "*My* house, *my* horses, *my* carriage," etc., while his spouse preferred that he should use the possessive in the plural, as *our* house, *our* horses, *our* carriage, etc. On a Sunday morning when the master bade his coachman get "*my* horses" ready to drive to church, the lady of the mansion expostulated so vigorously with her slipper that my lord sought refuge beneath the bed. A few moments of silence followed, when he gently poked his head into sight and mildly inquired, "My love, have *we* a clean shirt?"

The ointment referred to was first recommended by the writer on this coast, and dubbed as in the title to this article, not that he first compounded it, but that it might have a name when called for. Recently we have been informed that certain parties who have discovered its virtues lay claim to having lately introduced it.

The laughable pomposity with which some of the old Eclectic formulæ have been dubbed "*my* tonic," "*my* ointment," "*my* plaster," etc., hem! is not unfamiliar to some of our readers. The amount of home-made genius that has gone to waste on the Pacific Coast in time past is stunning; but it is usually the genius of the American Dispensatory or some other large volume.

The formula for the ointment under consideration was obtained by the editor from his preceptor, Dr. H. C. Taylor, of Brocton, New York, twenty odd years ago, and is about as follows in its composition:—

R Oil of tar, $\frac{3}{4}$ i.
 Norwood's veratrum, $\frac{3}{4}$ i.
 Lard, 1 pound.
 Sulphur, q. s. to afford consistency.

If any of the readers of the JOURNAL have the back numbers they will find this formula on page 292 of volume No. 4.

I found this a reliable remedy for eczema, and a specific for itch (scabies), twenty years ago, and have used it with great satisfaction many times since.

Several years ago, Dr. Fearn suggested the substitution of vaseline for the lard, and in some respects this proves an advantage. Lard undergoes putrefactive changes in time, and renders the un-

guent more than ordinarily offensive to the olfactory sense; the mineral product, vaseline, remains unchanged. However, vaseline beats the world for staying qualities; if it comes in contact with one's clothing it is very difficult to remove, and objectionable for that reason.

We have been trying numerous experiments with Mr. *Pulex Californica*, the California flea, and believe that this unguent is as good a protective against him as can be found. Applied freely to the surface it affords comparative immunity from this unwelcome visitor.

A Shot-gun Prescription for Asthma.—The following compound, to the knowledge of the writer, has apparently cured a long-standing case of asthma.

The prescription was made by an old school—no a "physician" (not surgeon)—of Oakland, and was given to the writer by one who knows it to be the formula which made the cure.

There is nothing new about it, but the combination seems to be felicitous. Try it and let us know whether it succeeds or fails, if you have a stubborn case of asthma on hand.

R. Potass. iodid., 3vi.
Tr. belladonna and liquor potass. arsen., aa 3ss.
Syr. sars. co.
Elix. calisaya, ad. 3 iii.

M. Sig.—Tablespoonful in one-half a glass of water three times a day.

The dose taken by the patient referred to was a single tablespoonful at bed-time. His case has been a very stubborn one, as we have known, for several years.

EDITORIAL NOTES.

DR. J. W. HARVEY, of Anderson, called on the JOURNAL during the last days of May.

A GOOD Eclectic physician who can furnish first-class references, who possesses some surgical ability, who is willing to do coun-

try practice, and who desires a location in which there is surely a good living, and possibly something more, should correspond with T. S. Morton, M. D., Cambria, Cal. Dr. Morton is a graduate of the California Medical College, and a substantial gentleman, for whom we can vouch.

MISCELLANY.

WHEN in a crowded Chicago hotel Dubbleby was put in a room with a howling Anarchist, he called the clerk up at midnight to inform him that he was suffering from inflammatory room-mate-ism.—*San Francisco Examiner*.

THE day of mercurials as blood alteratives is past, and vegetable alteratives have now universally taken their place. The Succus Alterans (McDade), manufactured by Eli Lilly & Co., of Indianapolis, is a rare product, and is winning laurels wherever used. Their Elixir Purgans is also valuable.—*Chicago Medical Times*.

POLYGONUM IN VESICAL AFFECTIONS.—Dr. Goss asserts that polygonum punctatum (hydro-piperoides) gives tone to the bladder in cases of retention of urine from want of expulsive power, relieving such retention in a few hours. He commends half ounce doses of an infusion of the fresh plant repeated every hour or two.

COCAINE IN DISLOCATIONS.—The setting or reduction of dislocations may be made painless, according to Dr. Grigorieff in *Meditzinskaie Obozrenye*, by the hypodermic injection of cocaine into three or four points in the neighborhood of the joint. The Russian surgeon uses the ordinary syringe and a five per cent solution of cocaine, injecting fifteen minims each point. The anesthization of the part takes place in from three to five minutes, and the effect of the remedy is not only to deaden all sense of pain but to relax the muscles, etc., around the joint to that extent that reduction is rendered very easy as well as painless.—*New York Medical Times*.

A PITTSBURG physician, named Cooper, has recently applied for a patent on a process to preserve human bodies by compression. By curious combination of steel presses and hot rollers, he excludes all the moisture and reduces a full-grown body to a very small size, twelve by fifteen inches, rendering it as hard and im-

perishable as marble. It is thought that the process will supersede cremation, as bodies thus preserved are not only not offensive, but can be made to assume various ornamental shapes, and be kept in the parlor or elsewhere as constant reminders of the departed. The doctor has on his center-table the remains of a child pressed in the form of a cross. It resembles the purest marble, is highly ornamental and is perfectly odorless.—*New York Medical Times*.

OXALATE OF CERIUM IN DYSMENORRHEA.—Dr. M. L. Chambers does not remember a failure with the oxalate of cerium in dysmenorrhea occurring in fleshy and robust women with scanty menses, where they have the pain before or just at the beginning of the flow, where it is spasmodic or colicky in character, with a feeling of tenesmus, and where relief follows the establishment of a free flow. But to insure the success he believes it must be selected with reference to the above symptoms. It is given in powders of six grains each, one every hour until the pain is relieved. When the preparation is a pure one he has never seen any bad effects from its administration. Sometimes it contains small quantities of arsenic, which in certain cases has caused some irritation of the stomach.—*Medical Record*.

COLLINSONIA.—We desire to call the attention of our readers to the use of this most valuable agent in the treatment of conditions in which the veins are involved. In fifteen-drop doses, four or five times daily, it will prove invaluable and superior to any known remedy in the treatment of varicosed veins, wherever found and from whatever cause. It is of value in phlegmasia dolens with other appropriate remedies. In the treatment of hemorrhoids it certainly has no equal. It is a valuable tonic in enfeebled heart with a general relaxed condition of the circulatory system. It will relieve incontinence of urine in enfeebled and poorly nourished children. It is of value in gonorrhea, in many cases acting most speedily. As a stomach tonic it can be relied upon, and when combined with hydrastis it has no superior. It will relieve pain quickly in many cases of gastralgia.—*Chicago Medical Times*.

DYSENTERY—MAGNESIA PHOSPHATE.—In treating a case of dysentery lately I was at my wits' end to control the terrible pain in defecation. Merc. cor. suited the case well, and the stools were growing less frequent, but the pain was increasing, being so severe as to cause fainting. Something had to be done if I held my case. The pain in rectum and abdomen was very severe, more in rectum than in abdomen. The tenesmus was like a pro-

longed spasm of the muscles employed in defecation. I exhibited "Schussler's" magnesia phosphate in hot water. A hypodermic of morphia could hardly have acted quicker. The pain was almost entirely relieved by the first dose. The whole condition changed for the better, and I discharged my case the next day. In all my experience I never had a more prompt or pleasing result. Magnesia phosphate is a grand anti-spasmodic, and fully as reliable as our more-frequently-used remedies. I was led to think of it for my case of dysentery by a statement made to me by Dr. E. E. Snyder, of Binghamton, N. Y. He gave it with equally as prompt results in spasmodic tenesmus vesicæ, occurring in a case of cystitis resulting from gonorrhea. It certainly did me great service.—*H. K. Leonard, M. D., in Medical Investigator.*

MOJAVE DESERT FOR THE CLIMATIC TREATMENT OF CONSUMPTION.—James P. Booth, of Needles, read a paper on this subject. He strongly deprecated the pernicious habit of ordering a change of climate in cases of advanced phthisis. He reviewed the opinions held regarding the effect of climatic change by ancient writers. It remained for modern medicine to put this subject upon a scientific basis. Opinions were not unanimous upon the precise effect of climatic change, and it was not absolutely certain how altitude acted. It seemed, however, that the increased chest expansion, owing to the rarified air, was the principal factor, combined with the pure character of the air. A very important point in determining the favorable nature of a locality is its humidity; a dry climate was the most favorable. The therapeutic effect of hot air had been amply demonstrated. He urged an intimate study of cases and to determine the proper locality for each. The speaker described the many advantages presented by the Mojave Desert in this disease. The variety of altitudes, purity of atmosphere, and excessive dryness of the air, rendered it, he believed, a most desirable locality in cases of phthisis. He had observed its beneficial effects in many instances, and felt justified in strongly recommending it.—*Report of Old School California State Medical Society, in Southern California Practitioner.*

ANTIPYRIN IN DIABETES.—Professor Panas has communicated to the Academy of Medicine two cases of diabetes, complicated with cataract, in which he employed antipyrin with success; and from these cases and others of Dr. Germain Sée's, and Dr. Robin's, it is clear that this drug has an antiglycogenitic action at once efficacious and prompt, and that it will succeed where other

drugs fail. It is effective even when a certain amount of feculents are allowed as food. The dose should be three grammes per day. The drug should not be continued constantly. It should be given for a week or ten days and then a period of repose should follow, while the usual regimen should be instituted. This diet, which is so fatiguing to these patients, is one of the reasons for giving antipyrin, as it allows the patient to take ordinary food during the time he is taking the drug, and thus gives him a rest from the regimen. In short, an alteration of the usual regimen with antipyrin is now the accepted best treatment for diabetes. M. Dujardin Beaumetz claims that he first indicated this treatment, and M. Worms says that it is possible that all the antithermic drugs act in the same way. He used sulphate of quinine ten years ago in diabetes, and still thinks well of its action, which is much the same as that claimed for antipyrin in such cases, and as its innocuousness is well known, it is a pity that it is not more often used in all forms of diabetes, particularly the nervous form, the most frequent of all.—*Times and Register.*

LYCOPodium IN CONSTIPATION AND FISSURE OF THE RECTUM.—Dr. J. A. Wakeman, in the September *Medical Advance*, relates an interesting case. A lady, aged twenty-five, married and a mother, had suffered from constipation since puberty, and the sluggishness of the bowels was greatly aggravated during pregnancy. Since her last babe she had been worse than ever before, having a stool *large, hard, dry and coal-black*, but once a week. The dilatation of the anus was attended by a flow of blood, a tearing, crackling sound (which the patient could distinctly hear), produced by the opening of five or six deep, half-healed fissures. The evacuation was only effected after violent and long-continued effort. The exertion and pain produced a profuse, cold, clammy perspiration, followed by tremor, exhaustion, and great pain at the anus for hours, the latter much relieved by cold-water bathing. The patient informed her physician that each bowel movement was productive of more suffering than giving birth to a child. *Lycopodium 15x* morning and evening was prescribed. Cold-water rectal injections in the morning, and a stated time for going to the water-closet, were also ordered. Six days after the first dose she had a natural and painless stool, and one the following morning, although blood was discharged with each stool. Every evening at seven o'clock she was attacked with an intolerable itching of the anus. *Ferrum metallicum* speedily relieved this symptom. In thirty days she was as well as ever. She had but five doses of lycopodium and one dose of ferrum.—*Hahnemannian Monthly.*

GUAIACUM IN TONSILLITIS.—Sir Morell McKenzie recently gave in Edinburgh a clinical lecture on this affection, and in the course of his remarks, as reported in the *Edinburgh Medical Journal*, he said: “A person who has once had acute tonsillitus never really gets well, though he may appear to do so. The treatment, therefore, is important. One of the most popular remedies is aconite—originally, I believe, a homeopathic drug, but now used extensively by allopaths (though I object to the term)—and strongly recommended by Dr. Ringer. It has certainly never in my hands proved to be of the extraordinary value which he asserts. On the other hand, I have found guaiacum, which used to be given in the form of the ammoniated tincture, very efficient. I recollect a Manchester surgeon, Dr. Crompton, who used to come a good deal to the Throat Hospital about the time it was founded, telling me I should find much more benefit by giving it in the form of a powder; and I did so, letting the patient take a pinch of the resin. This was rather disagreeable, and after a time I had it made into lozenges containing about three grains in each. In this form it makes an excellent remedy. Nine cases out of ten will get rapidly well if one of these lozenges is given every two hours at the outset. I sometimes also apply locally a little bismuth and opium, or an eighth of a grain of morphia with a quarter of a grain of starch, because the problem is not only to cure the patient, but to keep him comfortable till he is cured. Sometimes the guaiac causes a little diarrhea, which is not altogether disadvantageous, but the morphia is usually sufficient to check it.”—*Eclectic Medical Journal*.

TREATMENT OF INDOLENT ULCER BY MULTIPLE INCISION.—Dr. A. Harbordt's method of treating indolent ulcers is described as follows by Dr. F. Spæth, in the *Practitioner*, May, 1888: The entire ulcer is divided lengthwise by a deep incision extending far into the healthy tissue. Cross incisions are then made through the callous tissue into the healthy at intervals of about three-quarters of an inch. The incisions must go through not only the skin but the underlaying fascia; the wounds must gape widely. The bleeding, often profuse, must be stopped with tampons; and the whole wound, which it must be owned has rather a slaughterhouse look, is done up with iodoform dressings. When after eight to fourteen days the dressing is changed the difference in appearance is very marked. Healthy granulations are springing up in abundance from the gaping incisions, and soon cover the whole surface, reaching the level of the surrounding skin from which the growth of new epidermis is seen to advance rapidly. At this stage, of course, when the loss of skin has been great,

transplantation may be effected and will now be useful. The multiple incisions must of course be postponed till the ulcer is no longer foul, all necrosed fragments being first removed; this is in order to avoid the risk of septic infection of the deeper parts. The advantage of the method is obviously that highly vascular parts are enlisted in the healing process of granulation, and thus not only the wound but also the resulting cicatrix are under more favorable conditions. It is obvious that the method has its limits of application; I may mention, for example, the diathetic difficulties introduced by the presence of syphilis, tuberculosis, scurvy, arterial atheroma, and so on. These require general treatment of an appropriate kind. But in the indolent ulcerations resulting from burns, severe contusions, varicose veins, and so on, the treatment has been of such signal service that we are encouraged to extend its application to other forms also.

THE following preamble and resolutions were read at the annual meeting of the Eclectic Medical Association of the State of Pennsylvania, held at Philadelphia, May 1 and 2, 1889, by Henry B. Piper, M. D., of Tyrone. On motion of Dr. J. M. Bunn, of Altoona, the preamble and resolutions were adopted:—

WHEREAS, The recent conflict in the House of Representatives of the State of Pennsylvania has been no less than a high-handed attempt of the allopathic physicians and medical colleges of the State to trample upon and overturn the natural and personal rights of all who do not belong in their ranks; and,

WHEREAS, This conflict is but one part of a general conspiracy to impose a medical yoke upon the people of the United States—a yoke which our fathers refused to bear; and,

WHEREAS, Similar conflicts have been undertaken against personal and professional freedom in the Legislatures of other States of the American Union under the false pretense of a purpose to elevate the standard of medical qualifications, but actually to crush out dissenting opinion and rival schools of practice; therefore, be it

Resolved, That the State Eclectic Medical Association of Pennsylvania hereby congratulate our medical brethren, our colleges and fellow-citizens that the selfish and iniquitous effort at the present session of the Legislature has been utterly baffled.

Resolved, That we felicitate the friends of freedom in medical practice and free government in Maine, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Ohio, Wisconsin, and we hope to be able to name Indiana and California, that they too have defeated the common foe to American liberty and the just rights of practitioners of the Healing Art.

Resolved, That we are fully aware that the conflict is not for a year or any brief season, and our present victory a complete overthrow of our enemies; but that it is a part of a long-cherished and infamous conspiracy which has already become successful in many of the States; and therefore it behooves us by every motive dear to honorable men to be on the alert against future assault, and that we ask sister State Societies and our

National Association to take hold in this matter with an inflexible purpose to maintain impartial liberty to all members of the medical profession.

Resolved, That this is not a conflict, as is pretended, for the establishment of any higher standard of medical instruction, but is a long-arranged plot of the American Medical Association and the professional mediocrity which it represents, to deprive other physicians of their native and constitutional rights in order to aggrandize themselves, to get arbitrary power into their own hands, and to do other acts unworthy of men or of loyal and patriotic citizens.

Resolved, That copies of these resolutions be sent to the Secretary of the National Eclectic Medical Association, and to the Secretaries of each State Eclectic Association in the United States, and to each editor of our Eclectic medical journals asking their publication.

HENRY YEAGLEY, M. D., *Pres.*

JOHN KAYE, M. D., *Rec. Sec.*

N. E. cor. Twenty-sixth and Brown Streets, Philadelphia, Pa.

DALLAS, Tex., June 5, 1888.

MESSRS. REED & CARNICK—*Gentlemen*: It gives me pleasure to say that I regard your Food Preparations *far superior* to all others. I can point to many little ones whose lives, I feel confident, were saved by them. I have been practicing medicine in Texas for twenty-two years, have tried many other preparations, but after all I hold to yours as the old reliable; they have never disappointed me. My motive in making this statement is that others may be induced to give them a fair trial.

Yours truly, J. L. CUNNINGHAM, M. D.

BOOK NOTICES.

BRIGHT'S DISEASE. A series of post-graduate lectures. By Robert Saundby, M. D., Edinburgh, Fellow of the Royal College of Physicians, London; Emeritus Senior President of the Royal Medical Society; Fellow of the Royal Medical Chirurgical Society, etc., etc.

Its Contents: Pathological Section 1 comprises: Albuminuria, pathology of dropsy, of polyuria, of uræmia, cardio-vascular and retinal changes. 2. Clinical examination and tests of the urine, in health and disease. 3. Bright's disease, its history, classification, etiology, anatomy of the kidney, febrile lithemic and obstructive nephritis, complications of chronic cases, treatment. Fifty illustrations.

This series of post-graduate lectures on Bright's disease by a thoroughly competent hand will be welcomed by the medical profession. The author of this volume, by talent, position, study, long experience, and special attention to renal diseases, is amply qualified to present such a volume. The whole subject has been thoroughly investigated, the present state of contemporary knowledge on this disease is clearly stated, and additions and suggestions which have resulted from thirteen years' clinical and pathological study of Bright's disease, under the most favorable environments, have been made. Fifty illustrations from microscopical preparations of urinary and renal diseases are given and inserted in their appropriate places throughout the work. A complete alphabetical index closes this valuable addition to the Medical Classic Series.

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